

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **46023**
Registrar's No. **11814**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11814	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 4 8600		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 Lutheran Hospital				STREET ADDRESS (If rural, give location) 27 2732 Telegraph Road			
3. NAME OF DECEASED (Type or Print) a. (First) NANCY		b. (Middle) (NONE)		c. (Last) KOSSUTH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 7, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 25, 1864	
9. AGE (In years last birthday) 93		10. AGE (In years last birthday) 9		11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		14. NAME OF HUSBAND OR WIFE Lucas Kossuth			
13a. FATHER'S NAME (Unk.) Goodnight		13b. MOTHER'S MAIDEN NAME (Unknown)		14. NAME OF HUSBAND OR WIFE Lucas Kossuth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sara Reiner - Lemay, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis ANTECEDENT CAUSES arteriosclerosis. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 570.2				INTERVAL BETWEEN ONSET AND DEATH 96 hrs.	
19a. DATE OF OPERATION 6 Dec 57		19b. MAJOR FINDINGS OF OPERATION mesenteric thrombosis.				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. PLACE OF SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1954 , to 19 , to death , 19 , that I last saw the deceased alive on 7 Dec. 19 , and that death occurred at 3pm m., from the causes and on the date stated above.							
23a. SIGNATURE John G. Kelleth MD				23b. ADDRESS 2514 Telegraph Rd.		23c. DATE SIGNED 12-9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-10-57		24c. NAME OF CEMETERY OR CREMATORY Macedonia		24d. LOCATION (City, town, or county) (State) Phelps County, Missouri	
DATE REC'D BY LOCAL REG. DEC 9 57		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Smith & Co. E. St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

David Van Fossan

Licensed Embalmer No. 424

P. O. Address 6322 S. Main
St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.